

Off-Season Influenza Reporting Guidelines for Local Health Jurisdictions

Michigan Department of Community Health

Rationale for Year-Round Influenza Reporting

As public health personnel, we know the importance of monitoring the annual seasonal influenza epidemic. Surveillance is vital to minimizing the impact of influenza by determining incidence, identification of circulating strains, severity, and populations affected. This information is then used to guide prevention and control strategies, including composition of influenza vaccines.

While influenza was historically tracked through the typical season of October to April, recently there has been a growing interest in expanding surveillance to year-round. An important reason for this expansion is to improve the ability to detect an influenza pandemic, because an outbreak with a novel virus may happen at any time of year. Year-round surveillance will also help determine baseline levels of illness and seasonal variations among circulating viruses and the populations they affect. Initiation of “off-season” or summer surveillance in 2007 proved it to be both feasible at the local level and productive, as a human case of swine influenza was discovered last August.

Local Health Jurisdiction Roles for Off-Season Reporting

Local health jurisdictions should participate in year-round influenza surveillance. For influenza surveillance, the off-season or summer is defined as May through September; this timeframe may vary each year depending on influenza circulation. MDCH will apprise you of any changes to this definition.

1) Individual Case Reporting:

Due to a lack of reliability with rapid (antigen) tests during periods of low influenza circulation, and also because of the need to understanding the summer circulation of influenza viruses, the MDCH Bureau of Epidemiology (BOE) recommends that an investigation be initiated on each suspected or confirmed, individually-reported, influenza case during May through September. Please fully complete the individual “Influenza” PDF form in MDSS, paying special attention to the clinical and epidemiologic sections.

Helpful hints to speed up investigations include:

- 1) Confirming the presence of an illness compatible with influenza. If there is no evidence of a fever with a cough and/or sore throat, then document this fact in the Notes section, and the case can be marked as Not a Case.
- 2) Checking the testing method, as single influenza antibody titers are not diagnostic and can be marked as Not a Case.

Please contact us if you have any questions or need assistance with your investigations; we would be more than happy to help. Specimens ideally should be within 48 hours of collection (unless stored in a -70°F freezer) and should be pre-approved for testing by BOE (call 517-335-8165).

May 5, 2008

2) Laboratory Confirmations:

MDCH BOE would like to perform confirmatory culture at the MDCH Laboratory on positive rapid influenza test specimens during the summer. This type of test has more false results with decreasing influenza prevalence and thus is less reliable in periods of low influenza circulation. At this time, many clinical laboratories unfortunately discard their samples immediately after testing. Encourage labs in your jurisdiction to save specimens received for influenza testing by refrigerating them for 48 hours (or freezing for a few weeks at -70°F if available). This gives local and state investigators time to gather information and determine if further testing is appropriate. Specimens must arrive at the state lab within 48-72 hours total from the time of collection, with frozen cold packs and in a viral transport media. If a specimen is not available, please consider if the patient could be contacted to obtain another sample, especially if they are hospitalized. MDCH BOE can assist with specimen transport coordination.

3) Aggregate/Outbreak/Pediatric Mortality Reporting:

Continue to report aggregate influenza counts into MDSS year-round. Reporting of influenza-associated pediatric deaths or outbreaks is identical year-round and should be investigated according to current protocols.

4) Sentinel Reporting:

Encourage currently enrolled sentinel healthcare providers to submit appropriate specimens to the MDCH Laboratory. Please encourage other healthcare providers in your area to enroll in the CDC Sentinel Physician Surveillance Network, as more reporting and testing for influenza is a key in identifying and quantifying influenza within Michigan. MDCH is especially interested in providers willing to report during the summer. Contact Rachel Potter, Vaccine Preventable Disease Epidemiologist, at (517) 335-9710 or PotterR1@michigan.gov for more information.

Thank you for all of your previous and future efforts in reporting influenza. Your hard work makes a great difference in the health of Michigan residents!